



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene
201 W. Preston Street, Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – John M. Colmers, Secretary

Office of Preparedness & Response
Sherry Adams, R.N., C.P.M, Director
Isaac P. Ajit, M.D., M.P.H., Deputy Director

November 24, 2008

Public Health & Emergency Preparedness Bulletin: # 2008:47 **Reporting for the week ending 11/22/08 (MMWR Week #47)**

CURRENT HOMELAND SECURITY THREAT LEVELS

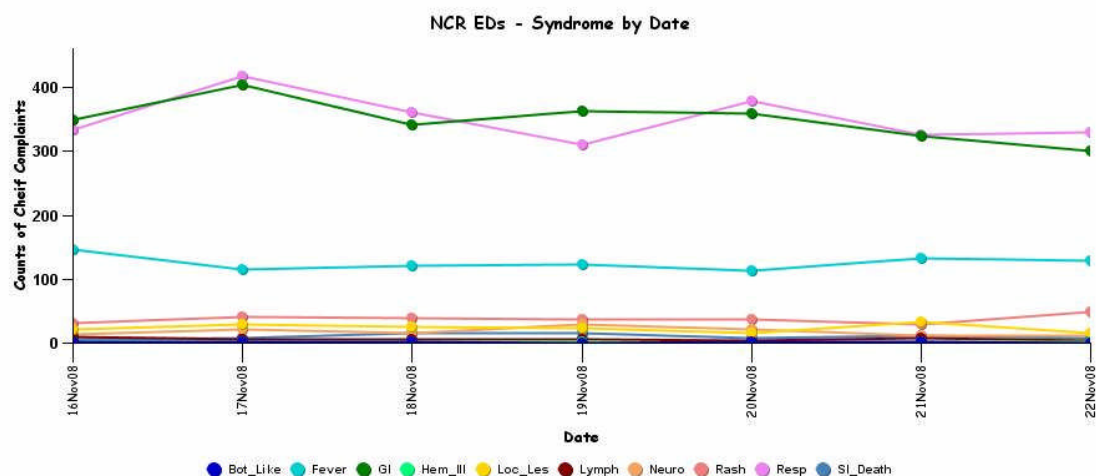
National: Yellow (ELEVATED) *The threat level in the airline sector is Orange (HIGH)
Maryland: Yellow (ELEVATED)

SYNDROMIC SURVEILLANCE REPORTS

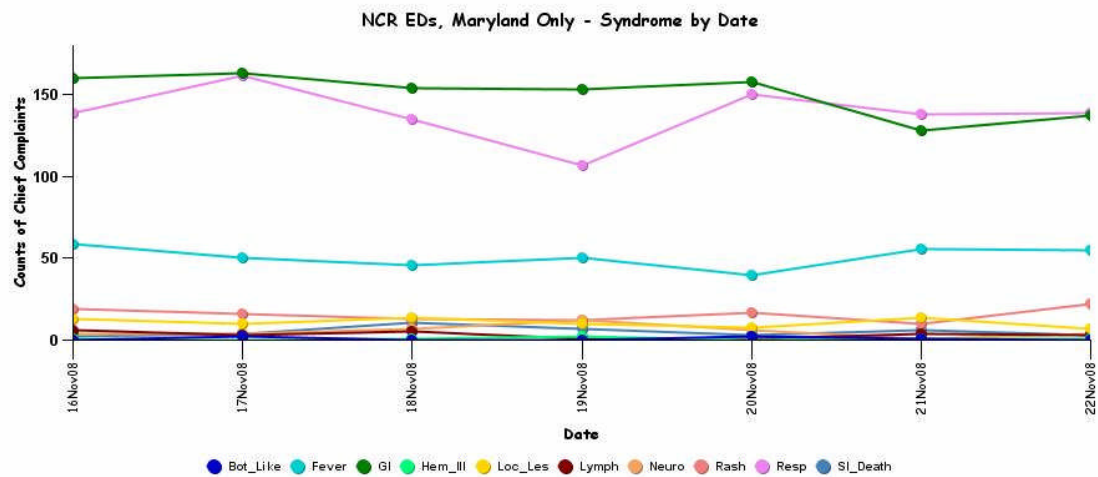
ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics):

Graphical representation is provided for all syndromes, excluding the "Other" category, all age groups, and red alerts are circled. Note: ESSENCE – ANCR Spring 2006 (v 1.3) now uses syndrome categories consistent with CDC definitions.

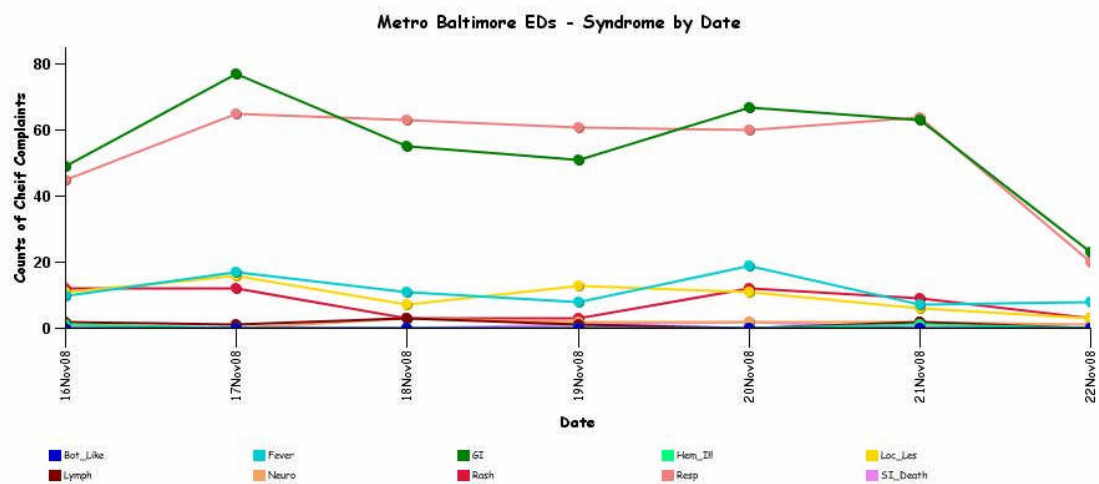
Overall, no suspicious patterns of illness were identified. Track backs to the health care facilities yielded no suspicious patterns of illness.



* Includes EDs in all jurisdictions in the NCR (MD, VA, DC) under surveillance in the ESSENCE system



* Includes only Maryland EDs in the NCR (Prince George's and Montgomery Counties) under surveillance in the ESSENCE system

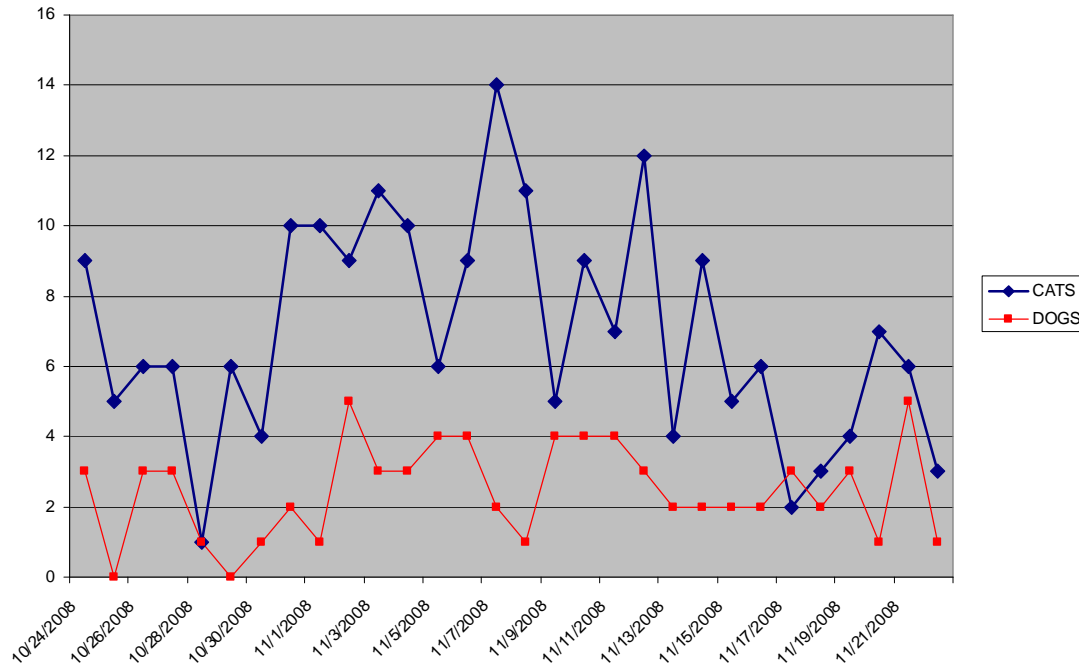


****NOTE: Not all data for Metro Baltimore hospitals was available for 22 Nov 2008, due to technical issues that are being addressed****

* Includes EDs in the Metro Baltimore region (Baltimore City and Baltimore County) under surveillance in the ESSENCE system.

BALTIMORE CITY SYNDROMIC SURVEILLANCE PROJECT: No suspicious patterns in the medic calls, ED Syndromic Surveillance and the animal carcass surveillance. Graphical representation is provided for animal carcass surveillance 311 data.

Dead Animal Pick-Up Calls to 311

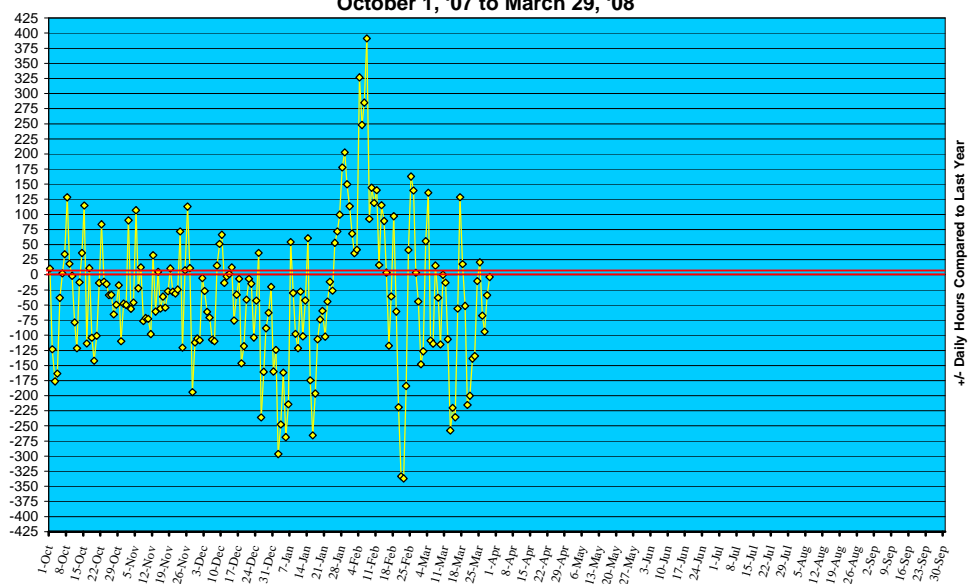


REVIEW OF EMERGENCY DEPARTMENT UTILIZATION

YELLOW ALERT TIMES (ED DIVERSION): The reporting period begins 10/01/06.

*Note: No new data available at this time.

**Statewide Yellow Alert Comparison
Daily Historical Deviations
October 1, '07 to March 29, '08**



REVIEW OF MORTALITY REPORTS

Office of the Chief Medical Examiner: OCME reports no suspicious deaths related to BT for the week.

MARYLAND TOXIDROMIC SURVEILLANCE

Poison Control Surveillance Monthly Update: Investigations of the outliers and alerts observed by the Maryland Poison Center and National Capital Poison Center in October 2008 did not identify any cases of possible terrorism events.

REVIEW OF MARYLAND DISEASE SURVEILLANCE FINDINGS

COMMUNICABLE DISEASE SURVEILLANCE CASE REPORTS (confirmed, probable and suspect):

Meningitis:	<u>Aseptic</u>	<u>Meningococcal</u>
New cases (Nov 16 - 22, 2008):	10	0
Prior week (Nov 09 - 15, 2008):	22	1
Week#47, 2007 (Nov 18 – 25, 2007):	12	0

10 outbreaks were reported to DHMH during MMWR Week 47 (Nov. 16- Nov. 22, 2008):

6 Gastroenteritis outbreaks

2 outbreaks of GASTROENTERITIS associated with Nursing Homes

3 outbreaks of GASTROENTERITIS associated with Assisted Living Facilities

1 outbreak of GASTROENTERITIS associated with a Daycare Facility

3 Foodborne Gastroenteritis outbreaks

1 outbreak of FOODBORNE GASTROENTERITIS associated with a Wedding

1 outbreak of FOODBORNE GASTROENTERITIS associated with a Conference Center

1 outbreak of FOODBORNE GASTROENTERITIS associated with an Office

1 Other outbreak

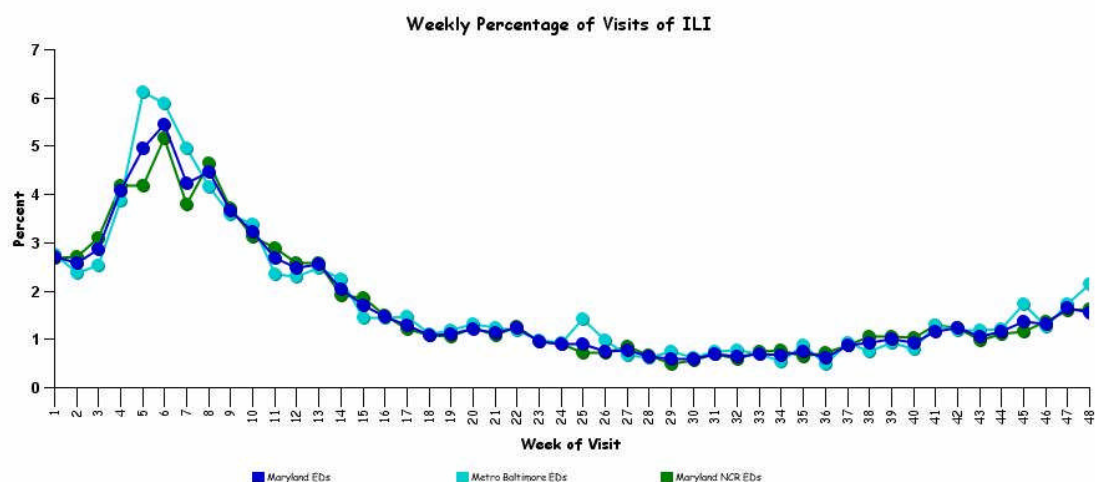
1 outbreak of SEPSIS/PNEUMONIA associated with a Hospital

MARYLAND SEASONAL FLU STATUS:

Seasonal Influenza reporting occurs October through May. There was 1 lab-confirmed case of influenza reported to DHMH during Week 47. The season total is now 6.

SYNDROMIC SURVEILLANCE FOR INFLUENZA-LIKE ILLNESS:

Graph shows the percentage of total weekly Emergency Department patient chief complaints that have one or more ICD9 codes representing provider diagnoses of influenza-like illness. This graph does not represent confirmed influenza.



PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS

WHO Pandemic Influenza Phase: Phase 3/4: No or very little human-to-human transmission/Small clusters with limited human-to-human transmission, suggesting that the virus is not well adapted to humans

US Pandemic Influenza Stage: Stage 0/1: New domestic animal outbreak in at-risk country/Suspected human outbreak overseas

*More information regarding WHO Pandemic Influenza Phase and US Pandemic Influenza Stage can be found at: <http://bioterrorism.dhmm.state.md.us/flu.htm>

WHO update: As of September 10, 2008, the WHO-confirmed global total of human cases of H5N1 avian influenza virus infection stands at 387, of which 245 have been fatal. Thus, the case fatality rate for human H5N1 is about 63%.

AVIAN INFLUENZA, HUMAN (THAILAND): 21 Nov 2008. Bird flu has been ruled out as the cause of illness in 17 people from the same neighbourhood of Makassar in Sulawesi, Indonesia, a health ministry official said on Thursday [20 Nov 2008]. The 17 were hospitalised this month after falling sick shortly after a rash of unexplained chicken deaths in the area. "The result of the tests is negative," said Lily Sulistyowati, spokeswoman of the Ministry, without giving details. Suspected outbreaks raise concerns about rare human-to-human transmission or that the virus might have mutated into a form that can pass easily among people. The country's largest known cluster of bird flu cases in humans occurred in May 2006 in the Karo district of North Sumatra province, when as many as 7 people in an extended family died. The World Health Organisation (WHO) said at the time that limited human-to-human transmission could not be ruled out but that the virus samples from the scene did not show any significant genetic mutations. Bird flu remains mainly an animal disease, but experts fear the H5N1 virus might mutate into a pandemic strain that would sweep the globe, possibly killing millions and hobbling economies. Indonesia has the highest toll of any nation. Some 112 people have died because of the disease. Last week [week of 10 Nov 2008], a health official said a 15-year-old Indonesian girl had died of bird flu in central Java, but Chandra Yoga Adhitama, acting director-general of communicable disease control, said tests showed bird flu was not responsible.

NATIONAL DISEASE REPORTS:

BOTULISM, WOUND, DRUG-RELATED (CALIFORNIA): 21 Nov 2008. Two heroin users have become ill with botulism, and a 3rd is showing symptoms of the infection, which can cause paralysis and death, according to Los Angeles County public health officials. The cases, all in the Long Beach-South Bay area, have led authorities to suspect that the local heroin supply may be contaminated with [spores of the] toxin-producing bacteria. Most of the heroin sold in California comes from Mexico and is sold as a viscous dark-colored liquid, instead of the refined, white powder variety from Asia. Dr Jonathan Fielding, Los Angeles County's public health director, said anyone with symptoms of botulism needs to go to an emergency room. There are about 30 cases of wound botulism nationwide every year. (Botulism is listed in Category A on the CDC list of Critical Biological Agents) *Non-suspect case

INTERNATIONAL DISEASE REPORTS:

CRIMEAN-CONGO HEMORRHAGIC FEVER (PAKISTAN): 21 Nov 2008. The 27-year-old patient, who was taken to Benazir Bhutto Hospital (BBH) with severe bleeding disorder Saturday night [15 Nov 2008] and was suspected of being infected with Crimean-Congo Hemorrhagic Fever (CCHF) virus, died Sunday midnight [16 Nov 2008] at Pakistan Institute of Medical Sciences (PIMS), Islamabad. Sunday evening senior doctors at the BBH suspected the patient, a native of Hazro, Attock [district], a case of deadly CCHF due to uncontrolled bleeding disorder. The patient was brought to the BBH from his native town after being suspected, as a case of dengue hemorrhagic fever. "During the whole time that he spent at the BBH, his bleeding could not be stopped, convincing doctors and surgeons to suspect him a CCHF patient," said head of medical unit at the BBH professor Dr Shoaib Shafi while talking to 'The News' Monday [17 Nov 2008] adding he had informed National Institute of Health, Islamabad on the patient's status through proper channel, however, his blood sample could not be taken by the NIH officials for Congo serology. According to sources, the patient died Sunday night [16 Nov 2008] and his dead body was handed over to his family after taking precautionary measures to save his family from exposure to CCHF virus if that was in his body. "The deceased patient was buried in his native town, Hazro, Monday morning [17 Nov 2008] and the World Health Organisation's guidelines were strictly followed during his burial," said district health officer, Dr Sultan Mehmood Khan. "Residual spraying has already been done in and around his house and we have established a medical camp in the area for surveillance," claimed Dr Sultan adding staff of his office has also started educating residents of the area on the subject. He added that the main reason behind suspecting that the patient had contracted CCHF was his severe bleeding disorder and his involvement in extensive cattle handling. (Viral hemorrhagic fever is listed in Category A on the CDC list of Critical Biological Agents) *Non-suspect case

CHIKUNGUNYA (INDONESIA): 19 Nov 2008. The rainy season currently has made the season suitable for mosquitoes laying eggs and producing larvae. In the Pesawahan village, Rawalo, Banyumas, Central Java, dozens of people have been afflicted with chikungunya illness. The illness [virus] that was transmitted by these mosquitoes attacked the residents in 2 territories. From the available data in the Rawalo Community Health Centre, approximately 50 people were recorded as having been affected by chikungunya [virus]. According to the latest information, 5 people were still being

treated in the Community Health Centre. According to one of the chikungunya [virus infection] affected residents, the signs of the illness began to be felt by a resident since last Saturday [15 Nov 2008]. After that, dozens of other residents at once fell ill and went to the Community Health Centre or were treated in their houses. The head of the Rawalo Community Health Centre, Dr Hendro Harjito, when being interviewed in his office, said, the Rawalo Community Health Centre's integrated team and Dinkes (Health Service,ed) Kabupaten Banyumas have entered the location of the chikungunya outbreak. They immediately collected data on all the residents affected by this illness. The plan tomorrow (today [19 Nov 2008]) will be to carry out fogging or spraying of the mosquitoes breeding sites all over the Pesawahan Village territory, he added. "Our area is not endemic for chikungunya or dengue fever [viruses]. We suspected that this illness [virus] was brought in by one of the residents from outside the village, because of our findings. This was the 1st extraordinary incident (KLB) [health emergency] in our territory," he explained. "We worried that the outbreak of this illness will spread to several villages bordering the location of the outbreak of this illness, said Mukhrodin. He hoped, that there would be real action from Dinkes (Health Service,ed) Banyumas to control the chikungunya outbreak in the Pesawahan Village because the chikungunya [virus] spread is easy, through the bites of [chikungunya virus infected] mosquitoes. (Emerging Infectious Diseases are listed in Category C on the CDC list of Critical Biological Agents) *Non-suspect case

BOTULISM, INFUSED OLIVE OIL (UNITED KINGDOM): 18 Nov 2008. A Norfolk manufacturer is recalling bottles of olive oil because they could contain potentially lethal bacteria. Seymours of Norfolk has discovered a technical fault that may have led to some products containing a small amount of water, which could lead to the growth of dangerous bacteria causing botulism. There have only been 33 recorded cases of food-borne botulism in England and Wales during the last 25 years, with 26 of these cases being linked to a single outbreak caused by contaminated hazelnut yoghurt. Seymours, which is based in Bakers Road, Norwich, supplies farm shops and delicatessens in Norfolk, Suffolk, Lincolnshire, London, Sheffield, and Stratford-upon-Avon and has recalled 7 varieties of infused olive oil products. The affected varieties are rosemary, thyme, basil, garlic, lime, lemon, and chilli in 250 mL glass bottles and from the cask. The bottles being recalled have a 'best before date' prior to and including March 2009. Other Seymours of Norfolk products are not affected. Anyone who has bought any of the products listed is asked to return it to the shop where they purchased it to receive a refund or a bottle of olive oil and vinegar. (Botulism is listed in Category A on the CDC list of Critical Biological Agents) *Non-suspect case

ANTHRAX, BOVINE (ZIMBABWE): 17 Nov 2008. More than 3000 cattle in Lupane were vaccinated against anthrax following the recent outbreak of the disease, it has been learned. In an interview on Friday [14 Nov 2008], a Matabeleland North Provincial Civil Protection Unit official said 147 cattle and not 200 had died following the outbreak. She clarified that, contrary to earlier reports, only 2 people, not 6, had died of anthrax since the outbreak of the deadly disease, which affects both livestock and humans. The official said the province's Civil Protection Unit had activated its systems on the ground to contain the outbreak. She said so far 3075 cattle had been vaccinated. The Civil Protection Unit is conducting health education campaigns in the affected area, advising people not to eat meat of animals that die as a result of anthrax as well as urging those infected to seek treatment early. "Mobile clinics have been activated, and we are also mounting roadblocks to prevent movement of meat or livestock from the affected area," she said. The official said the affected area was under quarantine. Last week, the Principal Director for Veterinary Services, Dr Stuart Hargreaves, said outbreaks of anthrax were common in some parts of Matabeleland North, including where the disease was detected more than 2 weeks ago. He said his department had the capacity to deal with the outbreak, as it had adequate vaccines, and urged villagers to report to veterinary officials any signs of the disease. Some butcheries in parts of Lupane were reported to have suspended operations following the outbreak. The villagers said it was unfortunate that the district was battling with the outbreak at a time when the government, through the Reserve Bank of Zimbabwe, had embarked on a massive programme to rebuild the national herd. The restocking exercise has mainly focused on the Matabeleland region, which is very suitable for cattle ranching. (Anthrax is listed in Category A on the CDC list of Critical Biological Agents) *Non-suspect case

ANTHRAX, BOVINE, RISK (INDONESIA): 16 Nov 2008. There is a small possibility of anthrax infecting the 110 936 cows in Bojonegoro, East Java, a local official said. East Java, especially Bojonegoro, has not been an anthrax endemic area for a long time now. There's only a small chance for the disease to spread to Bojonegoro," Head of the Bojonegoro Animal Husbandry and Fishery Office Tukiwa Yusa said here Friday [14 Nov 2008]. In the days toward the Idul Adha (Muslim day of sacrifice), animal monitoring has been stepped up in Bojonegoro and other areas where livestock come in and out of East Java to Central Java the other way around. Anthrax-carrying animals are marked by bleeding noses, ears, and vaginas. "(We) should be alert and aware of such symptoms on an animal," he said. But anthrax had never been found in cows from Bojonegoro and other areas in East Java. So people must not be afraid in this case. With the Idul Adha coming up, alertness for anthrax should be stepped up by the population and ranches in Bojonegoro, he said. Tukiwa said that he did not know the exact number of animals coming to and leaving East Java via the monitoring post at Padangan sub-district. But not many cows passed Bojonegoro. (Anthrax is listed in Category A on the CDC list of Critical Biological Agents) *Non-suspect case

OTHER RESOURCES AND ARTICLES OF INTEREST:

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: <http://bioterrorism.dhmd.state.md.us/>

Maryland's Resident Influenza Tracking System: www.tinyurl.com/flu-enroll

NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail me. If you have information that is pertinent to this notification process, please send it to me to be included in the routine report.

Heather N. Brown, MPH
Epidemiologist
Office of Preparedness and Response
Maryland Department of Health & Mental Hygiene
201 W. Preston Street, 3rd Floor
Baltimore, MD 21201
Office: 410-767-6745
Fax: 410-333-5000
Email: HBrown@dhmh.state.md.us

Sadia Aslam, MPH
Epidemiologist
Office of Preparedness and Response
Maryland Department of Health & Mental Hygiene
201 W. Preston Street, 3rd Floor
Baltimore, MD 21201
Office: 410-767-2074
Fax: 410-333-5000
Email: SAslam@dhmh.state.md.us